

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G279		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/30/2013	
NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 227 E HIGH ST PORTLAND, IN 47371			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W000000	<p>This visit was for a post certification revisit (PCR) to the annual fundamental recertification and state licensure survey completed on 5/17/13.</p> <p>Dates of Survey: August 27, 28 and 30, 2013.</p> <p>Facility Number: 000799 Provider Number: 15G279 AIMS Number: 100249030</p> <p>Surveyor: Vickie Kolb, RN</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 9/11/13 by Ruth Shackelford, QIDP.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 3 of 4 sampled clients receiving medications to control behaviors (#1, #3 and #4), the facility failed to ensure a specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/28/13 at 1:30 PM. Client #1's physician's orders of 8/19/13 indicated client #1 took Cogentin 0.5 mg (milligrams) bid (twice a day) for involuntary movements, Lithium 900 mg qd (every day) for Schizoid-Affective Bi-polar disorder and Zyprexa 10 qd for aggression. Client #1's BSP (Behavior Support Plan) of 6/11/13 indicated client #1 had targeted behaviors of verbal aggression, wandering off from the task at hand, hallucinations and delusions. Client #1's BSP indicated "If there were 10 incidents of verbal aggression, hallucinations, or delusions for a 6 month</p>		W000312	<p>Now, and in the future, all residents' behavior plans will include reductions of targeted inappropriate behaviors in correlation to the planned reduction of the behaviorally-specific, prescribed psychoactive medication as directed by the IDT and the prescribing mental health provider. A specific plan of reduction will be included to reduce and eventually eliminate the behaviors for which each psychoactive medication is targeting. Behavioral tracking will be documented by direct care staff, the Home Manager, and Day Programs; and tracking will be monitored monthly by the QIDP and shared with the Behavior Specialist and prescribing physician.</p>		09/18/2013	

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	<p>period, the physician involved will be consulted about whether a medication decrease is recommended." Client #1's BSP did not indicate a specific plan of reduction for the Cogentin, Lithium and Zyprexa.</p> <p>Client #3's record was reviewed on 8/28/13 at 2:30 PM. Client #3's physician's orders of 8/19/13 indicated client #3 took Depakote 1500 mg, Zyprexa 20 mg and Abilify 10 mg qd for psychotic disorders, Luvox 250 mg qd for obsessive compulsive tendencies and Cogentin 0.5 mg bid for involuntary movements. Client #3's BSP of 5/2013 indicated client #3 had targeted behaviors of self injurious behaviors and physical aggression. The BSP indicated "If [client #3] goes 3 months without displaying any physical aggression or any significant self injurious behavior, the IDT (Interdisciplinary Team) will meet to recommend a medication decrease to the prescribing physician/practitioner." Client #3's BSP did not indicate a specific plan of reduction for the Depakote, Zyprexa, Abilify, Luvox and Cogentin.</p> <p>Client #4's record was reviewed on 8/28/13 at 3 PM. Client #4's physician's orders of 8/19/13 indicated client #4 took Luvox 100 mg bid for depression and Abilify 12.5 mg qd for borderline</p>						

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	<p>personality disorder. Client #4's BSP of 6/11/13 failed to indicate client #4's targeted behaviors. Client #4's BSP indicated a medication reduction of the Risperdal would be considered after client #4 had gone successfully 3 months with no episodes of physical aggression. Client #4's physician's orders did not indicate client #4 was taking Risperdal. Client #4's BSP did not indicate a plan of reduction for the Luvox and/or the Abilify.</p> <p>Telephone interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/30/13 at 3 PM indicated client #1's, #3's and #4's BSPs did not include specific plans of reduction for client #1's, #3's and #4's behavior modification medications which the clients were prescribed to take.</p> <p>This deficiency was cited on 5/17/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p>						